

Fax or Mail to:

Pervasive Developmental Disorder Information and Referral

Center for Disability Resources
University of South Carolina School of Medicine
Columbia, South Carolina 29208

Phone: 803-935-5265 FAX: 803 935-5269 (Contact Person: Karla Kyer)

Authorization for Release of Information

I authorize _____ to release the following information:

- | | |
|--|--|
| <input type="checkbox"/> Clinical Diagnostic Evaluation | <input type="checkbox"/> Therapy Summary Notes (PT/OT/ST/Behavioral) |
| <input type="checkbox"/> Vineland Adaptive Behavior Scales | <input type="checkbox"/> IEP |
| <input type="checkbox"/> Service/Treatment Plan | <input type="checkbox"/> Clinic/Progress Notes |
| <input type="checkbox"/> PPVT (Peabody Picture Vocabulary Test) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> ABLLS (The Assessment of Basic Language and Learning Skills) | |
| <input type="checkbox"/> Psychological/Psychoeducational/Neuropsychological/Psychiatric Evaluation | |

Records Pertaining To:

Name:

Social Security Number:

Address:

Date of Birth:

INFORMATION WILL BE RELEASED FOR THE PURPOSE OF ASSISTING IN DETERMINING ELIGIBILITY FOR PARTICIPATION IN THE PERVASIVE DEVELOPMENTAL DISORDER WAIVER.

I understand that the records to be released may contain information pertaining to psychiatric care, sexual assault, drug and/or alcohol abuse, and infectious diseases including HIV and AIDS.

I understand that I may revoke this consent, in writing, at any time prior to the release of the above information. *This consent, if not withdrawn, will expire 1 (one) year from the date on which it is signed.*

I understand that I have the right to refuse to sign this authorization but I also understand that a review of records is necessary for consideration of services through the Pervasive Developmental Disorder Waiver.

I understand that the information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by law.

Parent / Guardian Signature

Date

PDD Form IR 4

June 6, 2008

Please return in the enclosed envelope within 3 days.

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